

ACUTE SINUSITIS Duration <4 weeks (updated April 2002)		
	Initial Therapy (1-3 wks)	Second line Therapy (4-6wks)
<b>Criteria</b>	2 or more or <b>Major factors</b> <sup>1</sup> OR one <b>Major factor</b> and 2 <b>Minor factors</b> <sup>2</sup> OR Nasal purulence on exam	Initial treatment failure 2 or more <b>Major factors</b> <sup>1</sup> OR one <b>Major factor</b> and 2 <b>Minor factors</b> <sup>2</sup> OR Nasal purulence on exam
<b>Assessment</b>	<u>History</u> R/O viral URI, Symptom duration, Previous episodes, treatment Nasal obstruction, Anosmia Facial or dental pain Rhinorrhea, Post nasal drip Visual changes Facial trauma Allergy history <u>Exam</u> - note any: Rhinorrhea (purulent, serous, mucous, bloody), Septal deflection, Nasal polyps, Masses Facial Tenderness-asymmetry Post nasal drainage Visual examination with acuity Cognitive Exam if indicated	<b>Viral URI</b> – Most sinusitis begins as a viral URI, lasts 10-14 days and recovers, however consider acute bacterial rhinosinusitis if symptoms <i>worsen after five days</i> , or if symptoms persist for > 10 days in adults or >14 days in children, or in the presence of symptoms out of proportion to those typically associated with viral infection and treat appropriately.  <b>Subacute Sinusitis</b> (4-12 weeks) no longer acute and not yet chronic will resolve after effective medical therapy  <b>Recurrent Sinusitis</b> >3 episodes per year, lasting 7-10 days with intervening signs of symptoms of chronic sinusitis
<b>Tests</b>	<b>Radiographs:</b> <u>None</u> required unless primary therapy fails	<b>Radiographs:</b> Coronal CT sinuses without contrast for medically refractory Symptoms - <u>recurrent</u> (>3 episodes in 1 year), <u>subacute</u> (4-12 weeks) or <u>chronic</u> (>12 weeks) symptoms persist. Or symptoms suggesting obstruction, mass, tumor or disease extending to adjacent structures.
<b>Treatment</b>	Decongestants-local and systemic (caution in hypertensive patients) Antibiotic therapy: <sup>1</sup> 2 wk course, treat 7 days beyond last symptom. Analgesics Saline nasal rinses Mucolytics <u>If allergy history:</u> Antihistamines and Nasal Steroids	Repeat first line therapy OR Second line antibiotics- <i>antibiogram</i> <sup>3</sup> or culture directed (3 week course), treat 7 days beyond last symptom. Continue to use Decongestants-local and systemic, Analgesics, Saline nasal Rinses and Mucolytics  <u>If allergy history:</u> Antihistamines and Nasal Steroids  Treat <b>Recurrent Acute Sinusitis</b> (>3 episodes per year) as Acute Sinusitis
<b>Referral</b>		ENT if abnormal CT <sup>4</sup> Allergy Clinic if strong allergy history

**<sup>1</sup>Major Factors:**

Face pain-pressure  
Facial congestion-fullness  
Nasal obstruction-blockage  
Nasal discharge-purulence-discolored postnasal drip  
Hyposmia-anosmia  
Purulence in nasal cavity on exam

**<sup>2</sup>Minor Factors:**

Headache  
Fever (non-acute)  
Halitosis  
Fatigue  
Dental Pain  
Cough  
Ear pain-pressure

<sup>3</sup>See Antibiogram<sup>4</sup>**Abnormal Coronal CT scan without contrast:** Air-fluid levels; mucosal thickening > 2mm; sinus opacification; obstructive or neoplastic pathology or complicated sinusitis – extending beyond the sinuses (meningitis, CNS empyema, brain abscess, cavernous sinus thrombosis, osteomyelitis, and periorbital infections).

<b>CHRONIC SINUSITIS</b> Duration >12 weeks Medically Refractory			
<b>Criteria</b>	2 or more <b>Major factors</b> OR one <b>Major factor</b> and 2 <b>Minor factor</b> OR Nasal purulence on exam	Unsuccessful treatment, persistent symptoms after 12 weeks of appropriate antibiotic, decongestant and nasal steroid therapy.	
<b>Assessment</b>	Same as Acute Sinusitis	Unresponsive to Med therapy >12 wks Chronic Differential includes: Opportunistic anaerobic organisms Chronic mucosal disease on CT scans Cystic Fibrosis Neutropenia Immune compromised Anatomic abnormality- septal obst. Osteomeatal Unit (OMU) scarring Contact point pain Dental infections Ciliary dismotility Orbital-cranial complication Nasal polyposis	<b>Recurrent Sinusitis</b> >3 Episodes per year, lasting 7-10 days with intervening signs of symptoms of chronic sinusitis  <b>Subacute Sinusitis</b> (4-12 weeks) no longer acute and not yet chronic will resolve after effective medical therapy
<b>Tests</b>	Culture Directed Antibiotics Fungal considerations	Consider quantitative immunoglobulins Sweat chloride if indicated in hx CT scan: OMU evaluation	
<b>Treatment</b>	Consider Sub-specialty referral  Rule out underlying disease Anaerobic antibiotic therapy Decongestants-local and systemic (caution in hypertensive patients) Saline nasal rinses Mucolytics Consider Systemic Steroids	Treat <b>Subacute Sinusitis</b> (4-12 weeks) like acute, should resolve with effective medical therapy Treat <b>Recurrent Acute Sinusitis</b> (>3 episodes per year) like acute sinusitis	
<b>Referral</b>	ENT Referral – if abnormal CT or Chronic sinus symptoms Allergy Referral only if strong allergy history and chronic sinusitis	Abnormal CT scans <sup>4</sup> are required for all sub-specialty referral. Sinus surgery is 85% successful in chronic Sinusitis not related to allergic disease	Document appropriate medical therapy before sub-specialty referral.

<sup>1</sup>**Major Factors:**

Face pain-pressure  
 Facial congestion-fullness  
 Nasal obstruction-blockage  
 Nasal discharge-purulence-discolored postnasal drip  
 Hyposmia-anosmia  
 Purulence in nasal cavity on exam

<sup>2</sup>**Minor Factors:**

Headache  
 Fever (non-acute)  
 Halitosis  
 Fatigue  
 Dental Pain  
 Cough  
 Ear pain-pressure

<sup>3</sup>See Antibiogram

<sup>4</sup>**Abnormal Coronal CT scan without contrast:** Air-fluid levels; mucosal thickening > 2mm; sinus opacification; obstructive or neoplastic pathology or complicated sinusitis – extending beyond the sinuses (meningitis, CNS empyema, brain abscess, cavernous sinus thrombosis, osteomyelitis, and periorbital infections).